Direct Care Curriculum Pilot Project
Status Report 5-15-07

Introduction

The process of addressing the long-term care workforce in Arizona began at the legislature in 2001 and led to the establishment of the Senate Ad Hoc Committee on Long-Term Care, which issued its report and recommendations in 2003. Valley Interfaith Project was instrumental in the beginning stages, and Valley Interfaith members have remained persistent advocates through their work with the governor, legislators, state agencies, committee and other communities. In keeping with her *Aging 2020* initiative, Governor Napolitano appointed the Citizens Workgroup on the Long-Term Care Workforce, which submitted its report *Will Anyone Care?* in April 2005 with ten recommendations on Arizona's direct care workforce. Upon completion of the report, the work of implementing the recommendations was transitioned to the Interagency Council on Long-Term Care.

One recommendation of the Citizens Workgroup suggested the development of a standardized and uniform training curriculum for direct care professionals. A course, comprising training on basic caregiving and the elderly / physical disabilities, was offered for college credit in the summer of 2005 to 15 direct care workers, sponsored by ABIL, Comfort Keepers, and the Foundation for Senior Living. Subsequently, the course and specific competencies were approved by the curriculum committee of Phoenix College. The Citizens Workgroup's subcommittee on education was transformed into the Core Curriculum and Expansion Committee and began its work in March 2006 to continue implementation of the training program. The teaching materials for the core competencies of Principles of Caregiving and the Elderly/Physical Disabilities module were revised, and a new module on Developmental Disabilities was approved. Work on the Alzheimer's/ Dementia module is nearly complete.

Funding in the amount of $100,000 was made available through ADES for the further development of the project. $70,000 was directed to the Area of Agency on Aging, Region One, and $30,000 to the Pima Council on Aging for development of materials, delivery of classes, and evaluation of the project. The Governor's Council on Developmental Disabilities contributed an additional $15,000 specifically for the construction of the developmental disabilities module.

Objectives of the Pilot Project

The overall objective was to introduce the concept of a uniform, standardized training program for direct care and support professionals to provider agencies in Maricopa and Pima counties and to field test the curriculum developed under the auspices of the Core Curriculum and Expansion Committee.

1. Completion of a curriculum and instructional materials for direct care and support professionals in the following areas:
   a. Principles of Care – core of knowledge and skills for all direct care and support professionals

      b. Aging and Physical Disabilities – a specialized module

      c. Developmental Disabilities – a specialized module

2. Presentation of the curriculum and instructional materials to trainers from provider agencies in Maricopa County and Pima County.

3. Dissemination and testing of the curriculum through implementation at provider agencies.

4. Evaluation of different delivery methods for the curriculum and effectiveness of training.

Planned Activities for the Period of January 07 – June 07

1. Introduce the concept of a uniform, standardized training program for direct care and support professionals to provider agencies through an invitation to participate.
2. Revise the training manuals for the core of the Principles of Caregiving, the Aging & Physical Disabilities module and the Developmental Disabilities module and assemble a toolkit of teaching materials.
3. Conduct two training sessions for experienced trainers representing direct care and support providers, one in February 07 and the second one in April 07, for the core curriculum and the two specialized modules.
4. Ask the agencies represented to train at least 10 individuals each before June 30, 2007, in their own agencies.
5. Initiate an evaluation project through the Area Agency on Aging – Region One.

Completed Activities as of April 30, 2007

1. The Area Agency on Aging sent an invitation for participation on January 22, 2007, to providers. It briefly described the project and announced the training sessions for trainers.

2. The training manuals for the Core, the Aging & Physical Disabilities, and the Developmental Disabilities module were completed and printed by DES. Toolkits with teaching materials and DVDs were assembled for all three classes. Master trainers are:
Core: Susan Kilby (FSL) and Diane Patton (ABIL)
E/PD: Susan Kilby (FSL) and Diane Patton (ABIL)
DD: Wendy Ketterer (AIRES)

3. The two trainings were conducted as planned in February and April. Forty-one individuals attended the Core and one (or both) of the two modules.

Trained instructors/representatives of agencies: Core   41
Trained instructors/representatives of agencies: Aging/PD   26
Trained instructors/representatives of agencies: DD   27
Agencies represented: 27
Agencies agreeing to test the curriculum (or selections):   20

Agencies that signed an agreement to train 10 direct care and support professionals, ideally by June 30, 2007, received a toolkit.

4. Two instructors from Pima Health System attended the training in Phoenix and will work with Pima Community College in Tucson to offer classes for direct care and support professionals. The first class started May 12, 2007. Over 30 individuals had signed up and 19 attended the first weekend of classes. The college will offer a certificate and college credits to participants; tuition is paid from the funds made available by DES to the Pima Council on Aging.

5. CJ O'Connor of the Area Agency on Aging has developed a plan for the evaluation of the project. She conducted telephone interviews with participants of the February session, and she has developed questionnaires for trainers and the direct care and support professionals receiving the training.

Plans for May-July 2007

1. Pima Community College is planning to offer a second class in June 2007, and two trainings have been scheduled in Maricopa County as of the writing of this report.

2. Project leaders and DES staff will follow up with the agencies that attended the trainings to promote the use of the curriculum in their training.

3. Through follow-up activities and formal evaluations, the acceptance of the curriculum and details regarding implementation will be assessed.

4. Project leaders and DES staff will work with the Core Curriculum and Expansion Committee to develop suggestions for further implementation and revisions.

5. Work continues on the Alzheimer's Disease and Dementia module, and there are plans for a module on behavioral health.

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Preliminary Feedback

- There is widespread interest in training of direct care and support professionals and awareness that high quality training is needed in order to maintain a well-qualified, stable workforce.
- Many provider agencies have established training programs and may prefer incorporating the model curriculum rather than completely replacing their current programs.
- A variety of programs, courses, and materials are available commercially, many of which are used successfully by provider agencies.
- In addition to the delivery of training through community colleges, other delivery models should be considered, for example, online classes, traveling instructors, and the option to test-out for experienced professionals.
- In Maricopa County, delivery through Phoenix College is still being negotiated. The potential administrative burden for the college is extensive if there are a large number of instructors who conduct multiple trainings within their agencies.
- If uniform training is recommended for all of Arizona, we need to identify delivery methods for training programs that reach rural and outlying areas and address the needs of different culture and language groups.
- Not all participants in the train-the-trainer programs were experienced trainers. Some individuals are in administrative positions and are interested in evaluating the material. We may want to consider making presentations to administrators.
- The cost of the proposed training is raised as an issue:
  - Employers typically pay employees for the hours spent in training, and some say they cannot afford 50 hours of training for new employees.
  - Some employers say they have an immediate need for employees to start working and cannot spend a whole week training them first.
  - Turnover among workers is high, and employers hesitate to invest 40-50 hours of training and take the chance that the worker will then switch employers.
- Incentives and/or requirements for the employer agency and for the individual worker need to be clarified.
  - Both employer and employee profit from uniform training. For employees, portable credentials mean more mobility among employers, and employers may not have to repeat training when hiring new staff with credentials.
  - One suggestion has been a process of building an industry standard and acceptance of uniform training. This could then lead to a requirement in the state contracts. With a public awareness campaign, market forces could help spread the higher standards to other providers.
  - There has been some discussion on working with state agencies, e.g. AHCCC (Medicaid) to offer incentives, either by requiring the training in their contracts or offering concrete incentives through reimbursement.
- Sustainability needs to be discussed. Creating a database or registry of trained individuals may be desirable, but a database and continual monitoring of training programs and employee credentials could be costly.